



**Jeff Roman**

Losantiville Country Club, and Anderson Hills Swim and Tennis. Jeff is a PTR certified teaching professional. Jeff also has a Level I and a Level II USSRA squash certification, as well as professional certification in platform tennis.

### Racquet Pro

Jeff Roman, Head Racquet Pro, has been with the Club since 2003. He played college tennis at Xavier University and has also taught at local clubs—Eastern Hills Indoor,



A Health Partner of  
The Christ Hospital

#### Two convenient entrances:

3939 Virginia Avenue or 3950 Red Bank Road  
Cincinnati, Ohio 45227  
*For tennis please use Virginia Ave. parking lot.*

**513.527.4000**

**Child's Name** \_\_\_\_\_

All physical activity carries with it inherent risks to individuals of all ages. The fitness equipment and the facility in the Cincinnati Sports Club present **Assumption of Risk, Release of Liability, Indemnity, Authorization:** All physical activity carries with it inherent risks to individuals of all ages. The fitness equipment and the facility of the Club present hazards which, if not avoided, can cause serious injury or death.

**Date of Birth** \_\_\_\_\_

As consideration for my being permitted to use the Club or its programs, I EXPRESSLY AND VOLUNTARILY AGREE TO ASSUME ALL RISK OF SERIOUS INJURY OR DEATH and HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CLUB GROUP with respect to any and all liability (including liability arising from the negligence of the Club Group) for claims, causes of action, injuries including death, damages, costs, loss of services, expenses, theft; attorney's fees, and other claims, known or unknown, of whatever nature arising out of the premises or programs of the Club Group (collectively, "Claims"). Furthermore, I agree to indemnify, defend, and hold harmless the Club Group from and against: (i) any such Claims by the undersigned or by others; and (ii) any related fines, fees, or expenses, including attorney fees. I agree that this Release applies to me, any family member or guest ("We") and to each and every use we make of the Club. I expressly agree that the release, assumption of risk, and indemnity herein is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby authorize the Club to contact me by telephone, email, or otherwise regarding the Club, including soliciting me for membership.

**Responsibility for medical conditions:** signs and labels; notifying staff. I understand that I am responsible for monitoring my condition at all times. If during use of the Club unusual medical symptoms occur, I will cease my participation and seek prompt medical attention. Prior to using the equipment or facility I will read all warning labels, instructions, signs and placards in the facility. If I am unsure how to use the equipment or facility, I will seek the assistance of staff. I will immediately report any piece of equipment or area of the facility that is not functioning properly to staff. I will not attempt to use or fix any piece of equipment or area of the facility that is not working properly.

**Ohio law and Waiver of Jury Trial:** This agreement and any claim, controversy or dispute arising out of it, or arising out of use of the Club, shall be governed by and construed in accordance with the laws of the State of Ohio. The undersigned hereby knowingly, voluntarily, and unconditionally waives the right to a jury trial of any claim, controversy or dispute arising out of this agreement, or arising out of the premises or programs of the Club Group.

**Release, assumption of risk, and agreement as to minors:** With respect to participation by a minor, I, the undersigned parent, guardian, or custodian of the minor, for myself and on behalf of the minor, hereby: (a) voluntarily assume all of the risks of physical activity and risks of use of the premises as described above; (b) RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CLUB GROUP with respect to any and all liability, per the terms stated above; and (c) agree that all other terms of this agreement apply to the minor.

**Member Name:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# JUNIOR RACQUET CAMP



## Summer 2019

**Ages 4-12**

**Register Early- Enrollment is Limited!**



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The Christ Hospital

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# JR. RACQUET CAMP

Join Head Racquet Professional Jeff Roman and his staff to learn the proper strokes and strategies for four exciting racquet and paddle sports. Each day of camp will consist of approximately one hour and fifteen minutes of tennis, forty five minutes to an hour of another racquet sport and finish with forty five minutes of swimming.

The days of the sports are as follows:

- Every Day** Tennis
- Monday** Pickleball
- Tuesday** Platform Tennis
- Wednesday** Racquetball
- Thursday** Ping-Pong

\*Subject to change depending on weather.



# SESSIONS & FEES

## Camp Weeks

Week 1	June 10-13
Week 2	June 24-27
Week 3	July 15-18
Week 4	Aug. 5-8

**Classes will be held on Monday through Thursday from 1:00-4:00 P.M.**

## Week Camp Fees

<b>Member</b>	\$155
<b>Non-member</b>	\$189

## Rain Out Policy

**THIS CAMP WILL RUN RAIN OR SHINE**

## Cancellations and Refunds

Cancellations must be made at least one week prior to the start of the session in order to receive any refund. An administration fee of \$25 per session will be deducted from all refunded amounts. No re-funds will be given for days missed. All cancellations must be made in writing with a full signature and date.

# REGISTRATION

SESSION	JUNIOR CLINIC
Week 1	
Week 2	
Week 3	
Week 4	

## Jr. Racquet Camp - \$25 processing fee

Non-Members must pay in full for all registered sessions. Mem-bers (participant must be the member) who do not pay in full at registration will have their Sports Club account charged at least one week prior to the date of camp. Make checks payable to "Cincinnati Sports Club," 3950 Red Bank Rd, Cincinnati, Ohio 45227.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  Member  Non-Member  
Child's DOB \_\_\_\_\_

## METHOD OF PAYMENT

Bill to member account

**Credit Card:**  Visa  Mastercard  Discover

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3-digit code on back card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby permit the Cincinnati Sports Club to record participants performance on print, digital, or video medium for use in promotion and distribution.

X \_\_\_\_\_